UNIVERSITY OF LOUISIANA AT LAFAYETTE

International Student Scholarship Out of State Fee Waiver Application

Applicant Information:

Name:			_ Visa Type:
Mailing Address:			_ Phone (home): ()
City:	State:	Zip:	Country
Intended date of attendance at UL Lafayette	:		Email:
Did either of your parents graduate from UI	Lafayette? _	yes no	Are you a US Citizen? yesno
If yes, parent's name:			
Source of funding:			
Academic Background:			
ACT Scores: Comp Test Date SAT Scores: Verbal/Critical Reading TOEFL Score: Test Date: _	_ Math		_ Test Date
*If you are a first-time freshman, please include Admissions Office; P.O. Box 41210; Lafayette 1. A copy of your current high school t 2. A copy of your ACT/SAT and/or TO	, LA 70504: transcript, trans	•	yette admission application sent to the
High School Information:			
High School Attended:			Date of Graduation:
School Address:			
College Information:			
Universities/Colleges Attended (List all incl	luding the sta	te and date of a	attendance)
Dates Attended: State: Scl	hool:		
If you are a transfer student what is your cur Semester GPA: Cu		A:	_ Hours Earned:
If you are a transfer student, please include trans UL Lafayette admission application to the Admi			

Please send completed scholarship application to:

Megan Lachaussee Office of Undergraduate Admissions & Recruitment

P.O. Box 41210

Lafayette, LA 70504-1210

(337) 482-6460

Email: meganl@louisiana.edu